

**APPLICATION FOR SPECIAL OPERATOR'S PERMIT
FOR HIGHER EDUCATION**
P-225 Rev. 4-10

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
DRIVER SERVICES DIVISION
On The Web At: ct.gov/dmv

INSTRUCTIONS:

1. A separate application is required for each institution of higher learning along with a copy of a completed release under the Family Educational Rights and Privacy Act
2. Please print or type, original signatures required
3. A \$100.00 non-refundable application fee in the form of a check or money order payable to DMV must accompany each request for a permit.
4. Complete section A, B and C and mail original to DMV, Driver Services Division, 60 State Street, Wethersfield, CT 06161

Your driving history will be reviewed as part of this application. Operation of motor vehicles requiring a commercial driver's license or used for Public Passenger Transportation is prohibited under the special permit program.

A. APPLICANT INFORMATION

NAME OF APPLICANT		DATE OF BIRTH	STATE / OPERATOR LICENSE NUMBER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ADDRESS (Number and Street)		(City or Town)	(State)	(Zip Code)
NON-PERMANENT STUDENT RESIDENCE ADDRESS (Number and Street)		(City or Town)	(State)	(Zip Code)
HOME TELEPHONE NUMBER ()	CELL PHONE NUMBER ()	EMAIL ADDRESS @		

THIS PERMIT WILL ONLY BE VALID FOR CLASSES AND EXAMINATIONS AT AN ACCREDITED INSTITUTION OF HIGHER LEARNING

B. INSTITUTION OF HIGHER LEARNING INFORMATION

NAME	STUDENT IDENTIFICATION NUMBER
ADDRESS (Number and Street)	(City or Town) (State) (Zip Code)

C. Attach a certified copy of your class and examination schedule clearly identifying the days, hours and geographic locations. This information will be confirmed with the registrar. Attach additional information as necessary.

Start date of classes or examinations MM / DD / YYYY End date of classes or examinations MM / DD / YYYY

APPLICANT MUST REPORT ANY SCHEDULE CHANGE TO DMV, DRIVER SERVICES DIVISION WITHIN 72 HOURS

The distance and commuting time from your student residence to the location of your classes or examinations _____ miles _____ hours/minutes

Is public transportation available from your student residence to your class locations? YES NO

What significant hardship will you suffer without an educational permit?

What efforts have you made to obtain other transportation?

INABILITY TO CONFIRM ABOVE INFORMATION MAY RESULT IN THE DENIAL OF YOUR SPECIAL OPERATOR'S PERMIT.

NOTICE: Your operator's license is under suspension. If you operate any motor vehicle outside of the authorized hours, you may be subject to arrest. If you operate a motor vehicle for a purpose not authorized by law, a law enforcement officer may make a report to the Commissioner of Motor Vehicles and you will be subject to a civil penalty of up to \$500.00. If your operator's license is suspended for another reason while you are in possession of this permit, the permit is revoked and if you thereafter operate a motor vehicle you will be subject to double the license suspension penalties imposed by law. If you alter or make improper use of the permit, you will be subject to criminal penalties and the permit may be revoked.

APPLICANT OATH: I swear or affirm under penalty of false statement in accordance with Connecticut General Statutes §14-110 and §53a-157b, and subject to penalties for perjury for a deliberate false statement, that I am enrolled at this institution of higher education and the certified class and examination schedule information and all attachments hereto are true and correct.

PRINTED NAME OF APPLICANT	SIGNATURE OF APPLICANT	DATE SIGNED
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REGISTRAR OATH: I swear or affirm under penalty of false statement in accordance with Connecticut General Statutes §14-110 and §53a-157b, and subject to penalties for perjury for a deliberate false statement, that the above named applicant is enrolled in this institution of higher education and the certified class and examination schedule information is true and correct.

PRINTED NAME OF REGISTRAR OR DESIGNEE	SIGNATURE OF REGISTRAR OR DESIGNEE	TITLE OF PERSON CONFIRMING SCHEDULE	TELEPHONE NUMBER ()
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D. DMV USE ONLY

PERMIT: APPROVED: EFFECTIVE DATE _____ PERMIT EXPIRATION DATE _____ LICENSE EXP. DATE _____

DENIED: DRIVING HISTORY NO SIGNIFICANT HARDSHIP INELIGIBLE UNABLE TO CONFIRM INFORMATION

OTHER: EXPLAIN _____

AUTHORIZED DMV SIGNATURE	PRINTED NAME	DATE
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